

HIPAA 835 Health Care Claim Payment/Advice  
BlueCross BlueShield  
Companion Document

HIPAA - 835 Transaction (Health Care Claim Payment/Advice)						
Functional Group ID: HP						
Page	Seg ID	Field Name	Usage	Type	Min/Max	Value/Notes
<b>Transaction Set Header</b>						
<i>Header</i>						
<b>Transaction Set Header - Repeat: 1</b>						
43	ST	<b>Transaction Set Header</b>	<b>Required</b>			
	ST01	Transaction Set Identifier Code	Required	ID	3/3	835
	ST02	Transaction Set Control Number	Required	AN	4/9	Unique Sequential Number
<b>Financial Information - Repeat: 1</b>						
44	BPR	<b>Financial Information</b>	<b>Required</b>			
	BPR01	Transaction Handling Code	Required	ID	1/2	I = Remittance Information Only
	BPR02	Monetary Amount	Required	R	1/18	Total Provider Payment Amount
	BPR03	Credit/Debit Flag Code	Required	ID	1/1	C = Credit
	BPR04	Payment Method Code	Required	ID	3/3	CHK = Check has been issued for payment. NON for providers who receive a HAPS payment.
	BPR08	Account Number Qualifier	Situational		1/3	DA = Demand Deposit
	BPR09	Account Number	Situational	AN	1/35	Payer's operational account number.

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**HIPAA 835 Health Care Claim Payment/Advice  
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	BPR10	Originating Company Identifier	Situational	AN	10/10	Payer's Tax ID
	BPR16	Date	Required	DT	8/8	Check date or date of HAPS payment.
<b>Reassociation Trace Number - Repeat: 1</b>						
<b>52</b>	<b>TRN</b>	<b>Reassociation Trace Number</b>	<b>Required</b>			
	TRN01	Trace Type Code	Required	ID	1/2	Will always be "1"
	TRN02	Reference Identification	Required	AN	1/30	Check number will be populated if payment was made by a CHECK. For all other payments, the value will be Zero
	TRN03	Originating Company Identifier	Required	AN	10/10	Payer's Tax ID
<b>Production Date - Repeat: 1</b>						
<b>60</b>	<b>DTM</b>	<b>Production Date</b>	<b>Situational</b>			
	DTM01	Date/Time Qualifier	Required	ID	3/3	405 = end date of production cycle
	DTM02	Date	Required	DT	8/8	Date 835 was run
<b>Loop: 1000A - Payer Identification - Repeat: 1</b>						
<b>Payer Identification - Repeat: 1</b>						
<b>62</b>	<b>N1</b>	<b>Entity Identifier Code</b>	<b>Required</b>			
	N101	Entity Identifier Code	Required	ID	2/3	PR = Payer
	N102	Name	Situational	AN	1/60	Payer name
<b>Payer Contact Information - Repeat: 1</b>						
<b>69</b>	<b>PER</b>	<b>Payer Contact Information</b>	<b>Situational</b>			
	PER01	Contact Function Code	Required	ID	2/2	CX = Payers Claim Office

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Companion Document**

	PER02	Name	Situational	AN	1/60	ASK Helpdesk
	PER03	Communication Number Qualifier	Situational	ID	2/2	TE = Telephone
	PER04	Communication Number	Situational	AN	1/80	ASK telephone #

**Loop: 1000B - Payee Identification - Repeat: 1**

**Payee Identification - Repeat: 1**

<b>72</b>	<b>N1</b>	<b>Payee Identification</b>	<b>Required</b>			
	N101	Entity Identifier Code	Required	ID	2/3	PE = Payee
	N102	Name	Situational	AN	1/60	Payee Name
	N103	Identification Code Qualifier	Required	ID	1/2	FI = Tax ID
	N104	Identification Code	Required	AN	2/80	Payee's Tax ID #.

**Payee Additional Identification - Repeat: > 1**

<b>77</b>	<b>REF</b>	<b>Payee Additional Identification</b>	<b>Situational</b>			
	REF01	Reference Identification Qualifier	Required	ID	2/3	PQ = Payee Identification
	REF02	Reference Identification	Required	AN	1/30	Paid to Provider Number. This identifies who the check was made out to. This may be different from the service provider and is usually a group number.

**Detail**

**Loop: 2000 - Header Number - Repeat: > 1**

**Header Number - Repeat: 1**

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79	LX01	Assigned Number			1/6	Value will be a sequential number.
<b>Loop 2100 - Claim Payment Information - Repeat: &gt; 1</b>						
<b>Claim Payment Information - Repeat: 1</b>						
89	CLP	<b>Claim Payment Information</b>	<b>Required</b>			
	CLP01	Claim Submitter's Identifier	Required	AN	1/38	UB92/NSF only the first 11 bytes will match as received and for 837 the first 20 will match.
	CLP02	Claim Status Code	Required	ID	1/2	Will use 1, 2, 22
	CLP05	Patient Responsibility Amount			1/18	Will be 0 if CLP02 = 22. Previous version would negate the patient responsibility amount as reported on the original claim. This change was made to comply with the 835 Guide page 29.
	CLP06	Claim Filing Indicator Code	Required	ID	1/2	Will indicate line of business. Refer to Implementation Guide
	CLP07	Reference Identification	Situational	AN	1/30	Use Payer's claim number
<b>Claim Adjustment - Repeat: 99</b>						
95	CAS	<b>Claim Adjustment</b>	<b>Situational</b>			

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	CAS01	Claim Adjustment Group Code	Required	ID	1/2	
	CAS02	Claim Adjustment Reason Code	Required	ID	1/5	Mapping of Payer's Explanation codes to the HIPAA Adjustment Reason codes are available on <a href="http://www.bcbswny.com">www.bcbswny.com</a> Website.
	CAS03	Monetary Amount	Required	R	1/18	
	CAS04	Quantity	Situational	R	1/15	
<b>Patient Name - Repeat: 1</b>						
<b>102</b>	<b>NM1</b>	<b>Patient Name</b>	<b>Required</b>			
	NM101	Entity Identifier Code	Required	ID	2/3	QC = Patient
	NM102	Entity Type Qualifier	Required	ID	1/1	1 = Person
	NM108	Identification Code Qualifier	Situational	ID	1/2	MI = Member Identification Number
	NM109	Identification Code	Situational	AN	2/80	This will be populated with the members identification number, including prefix and suffix when applicable.
<b>Insured Name - Repeat: 1</b>						
<b>105</b>	<b>NM1</b>	<b>Insured Name</b>	<b>Situational</b>			
	NM101	Entity Identifier Code	Required	ID	2/3	IL = Subscriber
	NM102	Entity Type Qualifier	Required	ID	1/1	1 = Person

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	NM108	Identification Code Qualifier	Required	ID	1/2	MI = Member Identification Number
	NM109	Identification Code	Required	AN	2/80	This will be populated with the members identification number, including prefix and suffix when applicable.
<b>Corrected Patient/Insured Name - Repeat: 1</b>						
<b>108</b>	<b>NM1</b>	<b>Entity Identifier Code</b>	<b>Situational</b>			
	NM101	Entity Identifier Code	Required	ID	2/3	74 = Corrected Insured
	NM102	Entity Type Qualifier	Required	ID	1/1	1 = Person
<b>Service Provider Name - Repeat: 1</b>						
<b>111</b>	<b>NM1</b>	<b>Service Provider Name</b>	<b>Situational</b>			
	NM101	Reference Identification Qualifier	Required	ID	2/3	82 = Rendering provider
	NM108	Identification Code Qualifier	Required	ID	1/2	FI = Tax ID number or PC = Provider number.
	NM109	Identification Code	Required	AN	2/80	This may be populated with the Federal Tax ID # or provider number. For this to be populated with the Federal Tax ID, we must have this number on our file.

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<b>Rendering Provider Identification - Repeat: 10</b>						
<b>128</b>	<b>REF</b>	<b>Rendering Provider Identification</b>	<b>Situational</b>			
	REF01	Reference Identification Qualifier	Required	ID	2/3	G2
	REF02	Reference Identification	Required	AN	1/30	Rendering Provider #. For FEP claims, this will be populated with the Federal Tax ID number.
<b>Claim Date - Repeat: 4</b>						
<b>130</b>	<b>DTM</b>	<b>Claim Date</b>	<b>Situational</b>			
	DTM01	Date/Time Qualifier	Required	ID	3/3	
	DTM02	Date	Required	DT	8/8	Receive date of claims
<b>Loop 2110 - Service Payment Information - Repeat: 999</b>						
<b>Service Payment Information - Repeat: 1</b>						
<b>Service Supplemental Amount - Repeat: 12</b>						
<b>158</b>	<b>AMT</b>	<b>Service Supplemental Amount</b>	<b>Situational</b>			
	AMT01	Amount Qualifier Code	Required	ID	1/3	B6 = allowed amount
	AMT02	Monetary Amount	Required	R	1/18	
<b>Summary</b>						
<b>Provider Adjustment - Repeat: &gt; 1</b>						

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164	PLB	Provider Adjustment	Situational			Will house Withhold Amounts, Negative Balances, Interest Paid, Prompt Pay Discounts, Returned Checks, Negataive Checks
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**Transaction Set Trailer**

173	SE	Transaction Set Trailer	Required			
	SE01	Number of Included Segments	Required	NO	1/10	
	SE02	Transaction Set Control Number	Required	AN	4/9	

**\* Where Notes are not available, refer to Implementation Guide for information**


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